

Swim Team Registration Form



**COMMUNITY ASSOCIATIONS
OF THE WOODLANDS, TEXAS**

Parks and Recreation

**How did you learn about
these programs?**

- () Brochure
() Flier
() Newspaper
() Other _____

Receipt Number

Staff Initials

DATE

Please make checks or money order payable to "WRC" for the Woodlands Recreation Center

PROGRAM REGISTRATION FORM

Please PRINT and complete all areas.

Participant's Name		Date of Birth			Program/Activity Information					
First	Last	M	D	Y	Age	Circle Program	M/F	Suit Sz	T Shirt Sz	Fee
						Canes/Waves/Ridtides				
						Will you be going to TAAF?				\$0.00
						T-shirt size?				

Medical Conditions: YES or NO

If YES, please explain:

Do you need special accommodations due to a
disability to enjoy this program ? YES or NO

PAYEE INFORMATION

PAYEE INFORMATION		E-Mail Address:	
First Name:	Last Name:	MI:	
Address:		Village:	
City:	State:	Zip Code:	
Phone Number:	Home:	Work:	
Emergency Name:		Emergency Number:	

PAYMENT INFORMATION - STAFF USE ONLY

() Check No: _____ () Credit Card No: _____ Exp. Date: / /

INDEMNIFICATION, WAIVER AND RELEASE

IN CONSIDERATION OF THE FURTHERANCE OF YOUR PURPOSES, OBJECTIVES AND WORK AND IN CONSIDERATION OF YOUR PERMITTING ME, MY CHILD, WARD OR HEIR TO PARTICIPATE IN ANY PROGRAM (S) OR EVENTS(S) PERTAINING TO THE WOODLANDS COMMUNITY SERVICE CORPORATION, PARKS AND RECREATION DEPARTMENT, WOODLANDS COMMERCIAL OWNERS ASSOCIATION OR THE WOODLANDS RECREATION CENTER, INC., OR ITS AFFILIATES OR SUBSIDIARIES, OFFICERS, DIRECTORS, SHAREHOLDERS, AGENTS, OR EMPLOYEES (hereinafter "WCSC"), I, THE UNDERSIGNED, OR IF UNDER 18, MY PARENT OR GUARDIAN, SHALL INDEMNIFY THE WCSC AND HOLD WCSC FREE AND HARMLESS FROM ALL CLAIMS FOR PERSONAL INJURIES, INCLUDING DEATH, AND ALL PROPERTY DAMAGE, INCLUDING DAMAGES ALLEGED TO HAVE BEEN CAUSED BY WCSC'S NEGLIGENCE OR GROSS NEGLIGENCE, MY OWN NEGLIGENCE OR GROSS NEGLIGENCE, THE UNDERSIGNED NEGLIGENCE OR GROSS NEGLIGENCE, OR THIRD PARTIES' NEGLIGENCE OR GROSS NEGLIGENCE, WHETHER SUCH CLAIMS ARE MADE BY MYSELF, THE UNDERSIGNED, OR BY THIRD PARTIES. I UNDERSTAND THAT I AM INDEMNIFYING THE WCSC FROM ANY AND ALL CLAIMS ARISING FROM MYSELF OR THIRD PARTIES.

FURTHERMORE, THE WCSC SHALL NOT BE LIABLE TO THE UNDERSIGNED ON ANY THEORY OF LEGAL LIABILITY, INCLUDING, BUT NOT LIMITED TO WCSC'S SOLE OR CONCURRENT NEGLIGENCE OR GROSS NEGLIGENCE, FOR ANY PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH.

I hereby consent to the photographing of myself and recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with or other photographs and/or recordings for advertising publicity, commercial or other business purposes. I do understand the term "photograph" as used herein encompasses both still and motion picture footage, either in film or electronic format. I further consent to the reproduction and/or authorization by the WCSC to reproduce such photographs and recording for all domestic and foreign markets.

I verify that the participant is in good physical health and able to participate in and/or complete the following program(s) or event(s).

SIGNATURE: _____

(signature, or if under 18 years of age, signature of parent or guardian)

**In Parks and Recreation
THE BENEFITS ARE ENDLESS™**